

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
SECRETARY OF THE SENATE
09 SEP 16 AM 9:28

1. (a) Name of Candidate (in full) Lisa Murkowski		
(b) Address (number and street) 700 Ash Place		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Anchorage, AK 99501		2. Candidate's FEC Identification Number S4AK00099
4. Party Affiliation R		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought U.S. Senate		6. State & District of Candidate Alaska

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Lisa Murkowski for U.S. Senate
(b) Address (number and street) P.O. Box 100847
(c) City, State, and ZIP Code Anchorage, AK 99510

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Murkowski Victory Committee
(b) Address (number and street) P.O. Box 365
(c) City, State, and ZIP Code McLean, VA 22101

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 9-11-09
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 02/2009)

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
SECRETARY OF THE SENATE
09 SEP 16 AM 9:20

1. (a) Name of Candidate (in full)		
(b) Address (number and street)	<input type="checkbox"/> Check if address changed	2. Candidate's FEC Identification Number
(c) City, State, and ZIP Code		3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation	5. Office Sought	6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
2009 Senators Victory Committee
(b) Address (number and street)
228 S. Washington Street, Suite 115
(c) City, State, and ZIP Code
Alexandria, VA 22314

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	Date
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 02/2009)

NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

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